STATE OF TENNESSEE – HEALTH CLUB SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

That we,	, Principal of				
Health Cl	ub Operator				
	, and	, a surety organized			
Complete Address under the laws of the State of of TENNESSEE, are held firmly be TENNESSEE DIVISION OF CO INSURANCE in the full penal su money of the United States of Ameri and assigns, jointly and severally, fir	and au ound unto the STATE OF TENNE ONSUMER AFFAIRS, DEPART on of TWENTY-FIVE THOUSA ica. We bind ourselves, our heirs, e	uthorized to do business in the state CSSEE as obligees for the use of the FMENT OF COMMERCE AND ND & NO/100 DOLLARS lawful			
WHEREAS the above bonded prin AFFAIRS, DEPARTMENT OF CODE ANN. §§ 47-18-301, et seq., as	COMMERCE AND INSURANCE				
NOW THEREFORE, the condition this state issued in an action brough of any fees, meaning the payment consumer pursuant to the terms of a	t by the attorney general and report of money or any other thing of v	ter of this state make full restitution			
THE TERM of this bond is continutime by written notice stating when mail to the Director of the Tennesse Floor, Nashville, TN 37243-0600, a Regardless of the number of years cumulative, and the aggregate liabilishall not exceed the sum of \$25,000. NO RIGHT of action shall accrue,	the cancellation shall take effect, as the Division of Consumer Affairs, 5 at least thirty (30) days prior to the this bond may remain in force, the try of the surety for any and all claim 00. upon or by reason of the Bond, to	and served upon or sent by certified 00 James Robertson Parkway, Fifth e effective date of the cancellation. e liability of the surety shall not be ims, suits or actions under this bond			
whatsoever other than the Obligee na Date Issued (Renewed)		Expiration Date			
	Principa	al			
	Ву:				
	Address				
Surety					
By: Attorney-in-Fact					
Seal of Company affixed hereto will Represent Power of Attorney					